ship would be expected between milk-clotting ability and protein-splitting ability even though the same site on one enzyme may be involved in both of these actions. However, once it has been established that an enzyme preparation consists of only one enzyme having the two actions mentioned and is not a mixture of two enzymes, then the milk-clotting test can be advantageously used with the appropriate correlation factor to assay an enzyme for protein-splitting activity.

The complete explanation of the effect of combinations of enzymes on the low-temperature clotting of milk may provide important clues to the structure of the casein molecule as well as to the mode of action of certain enzymes.

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Manuscript received September 14, 1953.

مهدين

Comments and Communications

Suggested Nomenclatural Revision for "Triterpenoid" Steroids

RECENT studies by Ruzicka (1) and Barton (2) have indicated that the lanostane nucleus may be represented by (I). Systematically (3) this may be designated

nated as 4,4', 14\alpha-trimethylcholestane.

It has been noted that the English workers do not use the steroidal numbering system in publications relating to this series of compounds, preferring instead to apply triterpenoid ciphers. This has tended to create confusion where none need exist, as the lanostane series is undoubtedly steroidal in all major respects and should be treated as such.

As an example of the dichotomy which is being practiced, Barton has recently proposed that the name "lanane" (II) be applied to the nucleus arising from

lanostane by degradation. There is no particular objection to this new trivial name but the fact that it has been numbered as a terpene seems highly objectionable indeed, since it cannot be construed as anything but 4,4′, 14α-trimethylandrostane and should be numbered as such.

Since other nuclei (e.g., euphane) have been shown to be steroidal in nature, it is considered to be particularly important at this time to agree on a consistent nomenclature for the "triterpenoid" steroids. The usages of the Ciba Conference (3), though not completely satisfactory, are recommended.

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Received July 23, 1953,

The Need for a Comprehensive Medical Audio-Visual Aid Center

THE demand for teaching materials of all types is felt in centers of medical activity. Medical schools and institutions receive repeated requests for specimens, models, drawings, photos, exhibits, and various audiovisual aids. One physician asked for a model of coarctation of the aorta to illustrate a lecture before his local medical society. Another did not know where he could obtain anatomic drawings of the components of the mediastinum. A medical student requested a series of x-rays to portray the evolution of lung cancer. An intern wanted to look through a bronchoscope. A resident physician was interested in hearing pericardial friction rubs on a phonographic record. A teacher was setting up an exhibit on electrocardiography and desired electrocardiograms illustrating the common abnormalities. An anatomist sought a three-dimensional model of the renal glomerulus. A history teacher wished to display models of the blood pressure machines in all stages of its development. An inventor